

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation League of Conservation Voters, Inc.		3. FEC Identification Number C C90005786
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1920 L St NW Suite 800		
(c) City, State and ZIP Code Washington DC 20036-		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y
10	/	03	/	2012

THROUGH

M M	/	D D	/	Y Y Y Y
10	/	13	/	2012

6. TOTAL CONTRIBUTIONS **0.00**

7. TOTAL INDEPENDENT EXPENDITURES **204109.74**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Patrick Collins	<i>Patrick Collins</i>	10/15/2012

[Electronically Filed]

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee League of Conservation Voters, Inc.		Date MM / DD / YYYY 10 / 05 / 2012
Mailing Address 1920 L Street, NW Ste 800		Amount 4.52 Transaction ID : A795AD5A39FD54834B42
City Washington	State DC	
Zip Code 20036		
Purpose of Expenditure Staff & EMC HD Email	Category/ Type	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Brown		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 246018.71		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Mack Crouse Group		Date MM / DD / YYYY 10 / 09 / 2012
Mailing Address 2001 N. Beauregard Street Suite 420		Amount 2546.28 Transaction ID : A61E0AA8B9B724F8AA60
City Alexandria	State VA	
Zip Code 22311		
Purpose of Expenditure T-Shirts for Canvassers	Category/ Type	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Elizabeth Warren		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 248564.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee League of Conservation Voters, Inc.		Date MM / DD / YYYY 10 / 10 / 2012
Mailing Address 1920 L Street, NW Ste 800		Amount 17.13 Transaction ID : A1348F4E895814C2E979
City Washington	State DC	
Zip Code 20036		
Purpose of Expenditure Staff Time for Press Release	Category/ Type	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Scott Brown		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 249051.61		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2567.93
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee
Connex International

Date

10 / 10 / 2012

Mailing Address 50 Federal Road

Amount

469.49

City State Zip Code
Danbury CT 06810-6129

Transaction ID : AA89991E15D6E4732986

Purpose of Expenditure
ESTIMATE: Telepresser

Category/
Type

Office Sought: House State: MA
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Scott Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 249051.61

Disbursement For: Primary General
2012 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
The Strategy Group, Inc

Date

10 / 13 / 2012

Mailing Address 1603 Orrington Avenue
Suite 1730

Amount

201072.32

City State Zip Code
Evanston IL 60201

Transaction ID : A308F4AFF8E3442628CD

Purpose of Expenditure
Series of Mailers

Category/
Type

Office Sought: House State: MA
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:
Scott Brown

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought 450123.93

Disbursement For: Primary General
2012 Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Date

____ / ____ / _____

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

Office Sought: House State: _____
 Senate District: _____
 President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: Support Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: Primary General
 Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures 201541.81

(b) **SUBTOTAL** of Unitemized Independent Expenditures.....

(c) **TOTAL** Independent Expenditures 204109.74
(carry total from last page forward to Line 7)